

WASHINGTON STATE PATROL PERSONAL HISTORY AND BACKGROUND QUESTIONNAIRE

Age _____ Height _____
Weight _____ Max _____



TROOPER CADET

INSTRUCTIONS: Answer all questions. Type, write, or print legibly in ink. If an item does not apply, enter "D.N.A." If more space is required, attach as many sheets of 8-1/2" x 11" white paper as may be required. Number the comments. More than one comment may be placed on a page.

TROOPER CADET APPLICANTS: Only include copies of the following items:

Your birth certificate; military discharge certificate or report of separation (form DD214) if you were in the military; high school diploma or equivalent; official high school or college transcripts; any college degrees you may have attained; social security card; and driver's license.

PERSONAL

1. NAME (First Middle Last)			2. SOCIAL SECURITY NUMBER	
OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (To include prior marriage/maiden or nicknames)				
3A. MAILING ADDRESS			3B. RESIDENCE ADDRESS (only if different from mailing address)	
STREET OR POST OFFICE BOX NUMBER			STREET NUMBER	
CITY			CITY	
STATE ZIP CODE			STATE ZIP CODE	
AREA CODE HOME TELEPHONE NUMBER HOURS OF CONTACT			AREA CODE BUSINESS TELEPHONE NUMBER HOURS OF CONTACT	
4. U.S. CITIZENSHIP IS REQUIRED FOR SOME WASHINGTON STATE PATROL POSITIONS. ARE YOU A U.S. CITIZEN? (ONLY APPLICANTS FOR TROOPER CADET NEED TO RESPOND.)				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
5. BIRTH DATE MONTH DAY YEAR		HEIGHT	WEIGHT	HAIR COLOR
				EYE COLOR
DISTINGUISHING MARKS (tattoos, etc.)				

REFERENCES

6. LIST AS REFERENCES 5 INDIVIDUALS WHO HAVE KNOWLEDGE OF YOU AND YOUR PERSONAL QUALIFICATIONS. DO NOT LIST RELATIVES, FORMER OR PRESENT EMPLOYERS, OR SCHOOL TEACHERS.

NAME AND OCCUPATION	ADDRESS WHERE PERSON CAN BE CONTACTED (Include City, State, and ZIP Code)	TELEPHONE
A.		HOME ()
		WORK ()
		CELL ()
B.		HOME ()
		WORK ()
		CELL ()
C.		HOME ()
		WORK ()
		CELL ()
D.		HOME ()
		WORK ()
		CELL ()
E.		HOME ()
		WORK ()
		CELL ()

**APPLICANT INFORMATION
FOR
PERSONAL HISTORY & BACKGROUND QUESTIONNAIRE**

Your Personal History and Background Questionnaire should be accurate and complete. Falsification or omission of any information will result in rejection of your application.

The following are areas which have previously caused problems for applicants. Special attention should be directed to answering those questions honestly, accurately, and completely:

If you have been involved in something five (5) times, do not indicate four (4) times, or some other number on the application.

When asked if you have ever possessed marijuana, cocaine, or other illicit drugs, do not say “**No**,” rationalizing that you only touched it once, didn’t touch it often, or it was only a small amount.

When asked if you have ever stolen anything, do not reply “**No**,” by rationalizing that you just borrowed it and will return it, the item had no value, it was common practice among co-workers, it was unintentional, or the person didn’t really care that you took it.

When asked to write down all of your jobs within the past ten (10) years, do not omit any, rationalizing it was only part-time, you didn’t work there that long, you were self-employed, the employer wouldn’t give you a good recommendation, or that it is not related to this job.

If you have questions concerning any portion of the Personal History and Background Questionnaire, you should consult with the Human Resource Division staff prior to its submission.

RESIDENCES *(if needed, list additional residences on a separate sheet of paper)*

7. LIST ALL RESIDENCES DURING THE LAST 10 YEARS, BEGINNING WITH YOUR CURRENT RESIDENCE. LIST THE NAME(S) OF ALL HOUSEHOLD MEMBERS—INCLUDING PRESENT AND FORMER SPOUSE(S)—FOR EACH ADDRESS UNDER BOX "K," AND FURNISH THE HOUSEHOLD MEMBER'S CURRENT ADDRESS AND TELEPHONE NUMBER.

ADDRESS	CITY, STATE, & ZIP CODE	DATES <i>(mo/yr)</i>		IF RENTED, GIVE NAME & ADDRESS OF PERSON RESPONSIBLE FOR THE COLLECTION OF RENT
		FROM	TO	
A.				
B.				
C.				
D.				
E.				
F.				
G.				
H.				
I.				
J.				
K.	NAME(S)	ADDRESS	CITY, STATE, & ZIP CODE	PHONE NUMBER

NEIGHBORS

8. LIST NEIGHBORS THAT LIVED ADJACENT TO YOU AT YOUR LAST TWO RESIDENCES BELOW. FURNISH NAMES, ADDRESSES, AND TELEPHONE NUMBERS.

NAME(S)	ADDRESS	CITY, STATE, & ZIP CODE	PHONE NUMBER
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			
Q.			
R.			

EDUCATION

9. LIST

NAME/ADDRESS OF SCHOOL Include City & State	DATES		NAME/DESCRIPTION OF COURSE PURSUED	GRAD.		NO. OF UNITS	DEGREE DIPLOMA OR CERTIF.
	FROM	TO		YES	NO		
	MO/YR	MO/YR					
JUNIOR HIGH SCHOOL							
HIGH SCHOOL							
HIGH SCHOOL							
GED FROM							
COLLEGES/UNIVERSITIES							
COLLEGES/UNIVERSITIES							
COLLEGES/UNIVERSITIES							
COLLEGES/UNIVERSITIES							
GRADUATE SCHOOL							
MISC. PROFESSIONAL, TRADE, VOCATIONAL, OR BUSINESS SCHOOL							

10. WERE YOU EVER DISMISSED OR SUSPENDED FROM ANY SCHOOL?
IF YES, EXPLAIN BELOW:

☐

YES

☐

NO

SCHOOL	DATE	TYPE OF ACTION

EMPLOYMENT AND EXPERIENCE

11. LIST CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES (real estate, teaching credentials, etc.), AND/OR MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS.

12. HAVE YOU HAD PRIOR EMPLOYMENT?

☐ YES ☐ NO

IF NO, PLEASE EXPLAIN:

13. HAVE YOU EVER FILED FOR AND/OR RECEIVED UNEMPLOYMENT COMPENSATION?

☐ YES ☐ NO

IF YES, INDICATE THE DATES FOR EACH PERIOD AND THE DETAILS (city, state, former employer, were you laid off, etc.)

14. HAVE YOU HAD ANY EXTENDED WORK ABSENCES FOR REASONS OTHER THAN MEDICAL OR EARNED VACATIONS?

☐ YES ☐ NO

IF YES, WHY, AND GIVE NAME OF EMPLOYER.

15. HAVE YOU EVER BEEN REPRIMANDED AT ANY PLACE OF EMPLOYMENT? (oral or written)

☐ YES ☐ NO

IF YES, GIVE THE NAME OF THE EMPLOYER(S), DATE(S), AND EXPLAIN CIRCUMSTANCES.

16. HAVE YOU EVER BEEN SUSPENDED OR DISCHARGED FROM ANY EMPLOYMENT? (LIST ALL TIMES)

☐ YES ☐ NO

IF YES, GIVE THE NAME OF THE EMPLOYER(S), DATE(S), AND EXPLAIN CIRCUMSTANCES.

16A. HAVE YOU EVER BEEN DISMISSED DURING THE PROBATIONARY PERIOD FROM ANY EMPLOYMENT?

☐ YES ☐ NO

IF YES, GIVE THE NAME OF THE EMPLOYER(S), DATE(S), AND EXPLAIN CIRCUMSTANCES.

17. HAVE YOU EVER HAD TO RESIGN ANY POSITION OR EMPLOYMENT UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES?

☐ YES ☐ NO

IF YES, GIVE THE NAME OF THE EMPLOYER(S), DATE(S), AND EXPLAIN CIRCUMSTANCES.

EMPLOYMENT AND EXPERIENCE (continued)

18. HAVE YOU EVER APPLIED FOR ANY POSITION WITH THE WASHINGTON STATE PATROL? IF YES, LIST ALL POSITIONS BELOW:

☐ YES ☐ NO

LOCATION	POSITION/CLASSIFICATION	DATE (mo./yr.)

19. HAVE YOU EVER APPLIED FOR OR BEEN EMPLOYED BY ANY (INCLUDING VOLUNTEER OR RESERVE) LAW ENFORCEMENT POSITION WITH A CITY, COUNTY, STATE, SPECIAL DISTRICT, REGIONAL OR FEDERAL GOVERNMENT AGENCY? (This includes only completing and submitting an application.) IF YES, LIST BELOW.

☐ YES ☐ NO

AGENCY/LOCATION	POSITION/CLASSIFICATION	DATE (mo./yr.)

☐ ACCEPTED
☐ FAILED

NUMBER ON LIST:

--	--	--

☐ ACCEPTED
☐ FAILED

NUMBER ON LIST:

--	--	--

☐ ACCEPTED
☐ FAILED

NUMBER ON LIST:

--	--	--

☐ ACCEPTED
☐ FAILED

NUMBER ON LIST:

--	--	--

☐ ACCEPTED
☐ FAILED

NUMBER ON LIST:

20. BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, LIST ALL JOBS (part-time, temporary, self-employment, voluntary) YOU HAVE HELD IN THE PAST 10 YEARS. LEAVE NO YEARS IN THE LAST 10 UNACCOUNTED FOR. INDICATE ANY PERIODS OF MILITARY SERVICE OR UNEMPLOYMENT, IN SEQUENCE.

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER			
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME	TELEPHONE NUMBER (include area code)		
				ADDRESS (include City, State, Zip Code)		
			Street Address	City	State	ZIP
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED			NAMES OF SUPERVISOR(S) / CO-WORKERS			
TITLE	SALARY		SUPERVISOR(S)		SUPERVISOR(S) TELEPHONE (include area code)	
	\$		SUPERVISOR(S) E-MAIL ADDRESS		SUPERVISOR(S) CELL (include area code)	
DUTIES			CO-WORKER(S)		CO-WORKER(S) TELEPHONE (include area code)	
			CO-WORKER(S) E-MAIL ADDRESS		CO-WORKER(S) CELL (include area code)	
			REASON FOR LEAVING:			

EMPLOYMENT AND EXPERIENCE (continued)

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER			
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		TELEPHONE NUMBER (include area code)	
			ADDRESS (include City, State, Zip Code)			
			Street Address	City	State	ZIP
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TITLE	SALARY		SUPERVISOR(S)		SUPERVISOR(S) TELEPHONE (include area code)	
	\$		SUPERVISOR(S) E-MAIL ADDRESS		SUPERVISOR(S) CELL (include area code)	
DUTIES			CO-WORKER(S)		CO-WORKER(S) TELEPHONE (include area code)	
			CO-WORKER(S) E-MAIL ADDRESS		CO-WORKER(S) CELL (include area code)	
			REASON FOR LEAVING:			

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER			
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		TELEPHONE NUMBER (include area code)	
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	\$		SUPERVISOR(S) E-MAIL ADDRESS		SUPERVISOR(S) CELL (include area code)	
DUTIES			CO-WORKER(S)		CO-WORKER(S) TELEPHONE (include area code)	
			CO-WORKER(S) E-MAIL ADDRESS		CO-WORKER(S) CELL (include area code)	
			REASON FOR LEAVING:			

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER			
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		TELEPHONE NUMBER (include area code)	
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			Street Address	City	State	ZIP
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TITLE	SALARY		SUPERVISOR(S)		SUPERVISOR(S) TELEPHONE (include area code)	
	\$		SUPERVISOR(S) E-MAIL ADDRESS		SUPERVISOR(S) CELL (include area code)	
DUTIES			CO-WORKER(S)		CO-WORKER(S) TELEPHONE (include area code)	
			CO-WORKER(S) E-MAIL ADDRESS		CO-WORKER(S) CELL (include area code)	
			REASON FOR LEAVING:			

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER			
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		TELEPHONE NUMBER (include area code)	
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	\$		SUPERVISOR(S) E-MAIL ADDRESS		SUPERVISOR(S) CELL (include area code)	
DUTIES			CO-WORKER(S)		CO-WORKER(S) TELEPHONE (include area code)	
			CO-WORKER(S) E-MAIL ADDRESS		CO-WORKER(S) CELL (include area code)	
			REASON FOR LEAVING:			

EMPLOYMENT AND EXPERIENCE (continued)

PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER			
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		TELEPHONE NUMBER (include area code)	
			ADDRESS (include City, State, Zip Code)			
			Street Address	City	State	ZIP
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED			NAMES OF SUPERVISOR(S) / CO-WORKERS			
TITLE	SALARY		SUPERVISOR(S)		SUPERVISOR(S) TELEPHONE (include area code)	
	\$		SUPERVISOR(S) E-MAIL ADDRESS		SUPERVISOR(S) CELL (include area code)	
DUTIES			CO-WORKER(S)		CO-WORKER(S) TELEPHONE (include area code)	
			CO-WORKER(S) E-MAIL ADDRESS		CO-WORKER(S) CELL (include area code)	
			REASON FOR LEAVING:			
PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER			
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		TELEPHONE NUMBER (include area code)	
			ADDRESS (include City, State, Zip Code)			
			Street Address	City	State	ZIP
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DUTIES			CO-WORKER(S)		CO-WORKER(S) TELEPHONE (include area code)	
			CO-WORKER(S) E-MAIL ADDRESS		CO-WORKER(S) CELL (include area code)	
			REASON FOR LEAVING:			
PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER			
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		TELEPHONE NUMBER (include area code)	
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			CO-WORKER(S) E-MAIL ADDRESS		CO-WORKER(S) CELL (include area code)	
			REASON FOR LEAVING:			
PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER			
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		TELEPHONE NUMBER (include area code)	
			ADDRESS (include City, State, Zip Code)			
			Street Address	City	State	ZIP
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DUTIES			CO-WORKER(S)		CO-WORKER(S) TELEPHONE (include area code)	
			CO-WORKER(S) E-MAIL ADDRESS		CO-WORKER(S) CELL (include area code)	
			REASON FOR LEAVING:			
PERIOD AND TYPE OF EMPLOYMENT			NAME AND ADDRESS OF EMPLOYER			
FROM	TO	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		TELEPHONE NUMBER (include area code)	
			ADDRESS (include City, State, Zip Code)			
			Street Address	City	State	ZIP
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TITLE	SALARY		SUPERVISOR(S)		SUPERVISOR(S) TELEPHONE (include area code)	
	\$		SUPERVISOR(S) E-MAIL ADDRESS		SUPERVISOR(S) CELL (include area code)	
DUTIES			CO-WORKER(S)		CO-WORKER(S) TELEPHONE (include area code)	
			CO-WORKER(S) E-MAIL ADDRESS		CO-WORKER(S) CELL (include area code)	
			REASON FOR LEAVING:			

MILITARY SERVICE

21. HAVE YOU EVER SERVED IN THE ARMED FORCES, NATIONAL GUARD, OR MILITARY RESERVES?

☐

YES

☐

NO

IF YES, DATES OF SERVICE

/

TO

/

BRANCH

SERVICE NUMBER

22. PLEASE INDICATE MILITARY INSTALLATIONS WHERE ASSIGNED, MAJOR ADJACENT CITIES, IMMEDIATE SUPERVISOR(S), PHONE NUMBERS (IF KNOWN), AND DATES ASSIGNED.
EXAMPLE: VANDENBURG AFB, CA; LOMPOC, CA, SANTA BARBARA, CA; SSGT. J. JONES, SSGT. A. ABLE; 902/123-4567; JAN 85-DEC 89.

23. ARE YOU CURRENTLY PARTICIPATING IN ANY MILITARY RESERVE OR NATIONAL GUARD PROGRAM?

☐

YES

☐

NO

BRANCH

SERVICE NUMBER

ORGANIZATION DESIGNATION/NAME

24. HAVE YOU EVER BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION? IF YES, GIVE DETAILS (*branch of service, when, where, circumstances*)

☐

YES

☐

NO

25. PAST AND CURRENT COMMANDING OFFICERS OR SUPERVISORS ARE POTENTIAL SOURCES OF RELEVANT INFORMATION PERTAINING TO YOUR BACKGROUND. LIST THOSE INDIVIDUALS WHO KNOW YOU WELL ENOUGH TO PROVIDE ACCURATE INFORMATION ABOUT YOU.

NAME (<i>Rank/Rate/Title</i>)	ADDRESS	TELEPHONE AND E-MAIL	
		HOME ()	WORK ()
		CELL ()	E-MAIL ADDRESS
		HOME ()	WORK ()
		CELL ()	E-MAIL ADDRESS
		HOME ()	WORK ()
		CELL ()	E-MAIL ADDRESS
		HOME ()	WORK ()
		CELL ()	E-MAIL ADDRESS

LEGAL

26. ARE YOU NOW OR HAVE YOU **EVER** BEEN INVOLVED AS A PLAINTIFF, DEFENDANT, PETITIONER, OR RESPONDENT IN ANY CIVIL COURT ACTION?
THIS INCLUDES RESTRAINING ORDERS, PROTECTION ORDERS, AND NO CONTACT ORDERS. IF YES, GIVE DETAILS (Include when, where, name and location of court, circumstances). ☐ YES ☐ NO

27. HAVE YOU **EVER** BEEN CONVICTED, ARRESTED, INVESTIGATED, OR QUESTIONED ABOUT THE CRIME OF DOMESTIC VIOLENCE OR ABUSE? IF YES, GIVE DETAILS (Include when, where, name and location of court, circumstances). ☐ YES ☐ NO

28. HAVE YOU **EVER** BEEN QUESTIONED, INVESTIGATED, DETAINED, OR ARRESTED, EITHER AS A SUSPECT, WITNESS, OR JOB APPLICANT? IF YES, COMPLETE THE FOLLOWING: INCLUDE **ALL** INCIDENTS, WHETHER EXPERIENCED AS AN ADULT OR A JUVENILE, EVEN IF THE INCIDENT RESULTED IN A DEFERRAL, DIVERSION, EXPUNGEMENT, VACATED SENTENCE, OR ANY OTHER TYPE OF CLEARED RECORD. ☐ YES ☐ NO

29. HAVE YOU **EVER** BEEN PLACED ON COURT PROBATION AS AN ADULT?
IF YES, GIVE DETAILS (Include when, where, name and location of court, circumstances). ☐ YES ☐ NO

30. HAVE YOU **EVER** BEEN QUESTIONED, INVESTIGATED, DETAINED, OR ARRESTED EITHER AS A SUSPECT, WITNESS, OR JOB APPLICANT?
IF YES, COMPLETE THE FOLLOWING: INCLUDE **ALL** INCIDENTS, WHETHER EXPERIENCED AS AN ADULT OR A JUVENILE. ☐ YES ☐ NO

DATE	LOCATION (city and state)	ORIGINAL CHARGE (if any)	FINAL CHARGE (if amended or reduced)	DISPOSITION (dismissed, not guilty, guilty, amount of fine and/or length and dates of confinement and/or probation)

31. HAVE YOU **EVER** APPLIED FOR AND BEEN ISSUED OR BEEN DENIED A GUN PERMIT, PRIVATE SECURITY GUARD'S LICENSE, ETC.? IF YES TO ANY, LIST THE DATE(S) OF APPLICATION, THE AGENCY ISSUING, AND THE DATE OF ISSUANCE/REASON FOR DENIAL.

☐ YES

☐ NO

32. DRUG POSSESSION/USAGE

UNTRUTHFUL RESPONSES WILL RESULT IN YOUR REJECTION

Drug possession/usage beyond these standards disqualifies you for employment with the Washington State Patrol.

"Possession" is defined as control, touching, holding, selling, or trafficking (transportation for sale) any illegal (non-prescribed) drug.

1. No possession/usage of marijuana/hashish within the last 3 years. No possession/usage of marijuana or hashish over 15 times, regardless of time frame.
2. No combined possession/usage of non-prescribed stimulants (e.g., amphetamine/methamphetamine) over (3) three times. Stimulants include, but are not limited to, any derivative of speed, Ritalin, Ecstasy, cocaine, etc. No possession and/or usage in last 10 years.
3. No injection of amphetamines, methamphetamines, cocaine, heroin, barbiturates, or valium.
4. No combined possession/usage of hallucinogenic drugs (e.g., LSD, PCP, hallucinogenic mushrooms, etc.) over (3) three times. No possession/usage within the last 10 years.
5. No possession/usage of non-prescribed opiates/narcotics (e.g., heroin, morphine, etc.).
6. No possession/usage of cocaine (to include its derivatives) over three (3) times. No possession/usage within the last 10 years.
7. No trafficking, selling, offering to sell, or transporting for sale of any illegal drugs/narcotics (including marijuana), regardless of time frame.
8. No illegal drug possession/usage after submitting an application with any law enforcement agency within the last five years.
9. No illegal drug possession/usage while employed or after having been employed in a commissioned capacity by a law enforcement agency, regardless of time frame (including a military position with law enforcement powers).
10. No usage of anabolic steroids within the last two (2) years.

DO YOU MEET THESE STANDARDS? ☐ YES ☐ NO

ADDITIONAL COMMENTS/REMARKS BY APPLICANT

33. WOULD YOU HAVE ANY RELUCTANCE TO STRICTLY ENFORCE ANY AND ALL LAWS REGULATING A CONTROLLED SUBSTANCE?

☐ YES

☐ NO

MOTOR VEHICLE OPERATION

34. DRIVER'S LICENSE NO.	ENDORSEMENTS	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED	STATE ISSUING
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35. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE.

STATE/DATE	NAME UNDER WHICH LIC. WAS GRANTED	STATE/DATE	NAME UNDER WHICH LICENSE WAS GRANTED

36. HAVE YOU **EVER** BEEN REFUSED A DRIVER'S LICENSE, HAD ONE REVOKED, SUSPENDED, OR DENIED?
IF YES, IN WHAT STATE, BY WHAT AGENCY, WHEN, AND WHY? ☐ YES ☐ NO

37. LIST ALL VEHICLES REGISTERED TO YOU OR, IF MARRIED, TO YOU AND/OR YOUR SPOUSE.

LICENSE NUMBER	STATE	YEAR AND MAKE	LICENSE NUMBER	STATE	YEAR AND MAKE

38. HAVE YOU BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE LAST 10 YEARS? IF YES, GIVE DETAILS FOR EACH. ☐ YES ☐ NO

DATE	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS:		CAUSING DRIVER <input type="checkbox"/> YOU <input type="checkbox"/> OTHER
DATE	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS:		CAUSING DRIVER <input type="checkbox"/> YOU <input type="checkbox"/> OTHER
DATE	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS:		CAUSING DRIVER <input type="checkbox"/> YOU <input type="checkbox"/> OTHER
DATE	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS:		CAUSING DRIVER <input type="checkbox"/> YOU <input type="checkbox"/> OTHER

39. LIST ALL TRAFFIC INFRACTIONS/CITATIONS (except parking violations) YOU HAVE **EVER** RECEIVED.

NATURE OF VIOLATION	LOCATION (city, state)	APPROXIMATE DATE	INDICATE WHETHER FINED OR ACTION TAKEN ON DRIVER'S LICENSE

MOTOR VEHICLE OPERATION (continued)

40. WASHINGTON LAW REQUIRES THAT OPERATORS AND OWNERS OF MOTOR VEHICLES BE ABLE TO PROVE ABILITY TO RESPOND TO DAMAGES AFTER BEING INVOLVED IN A COLLISION. PROOF MAY BE AUTOMOBILE LIABILITY INSURANCE OR A BOND OR CASH DEPOSIT WITH THE DEPARTMENT OF LICENSING. PLEASE INDICATE.

☐

BOND

☐

DEPOSIT

INSURANCE COMPANY	ADDRESS WHERE PREMIUM PAID	POLICY NUMBER	EXPIRATION DATE

41. HAVE YOU **EVER** BEEN REFUSED VEHICLE INSURANCE FOR ANY REASON OTHER THAN FAILURE TO PAY A PREMIUM?
IF YES, EXPLAIN (Include company name and address, date, and reason)

☐

YES

☐

NO

FINANCIAL

42. HAVE YOU **EVER** FILED FOR OR DECLARED BANKRUPTCY OR FILED FOR THE WAGE EARNER'S PLAN?
IF YES, WHAT WERE THE CIRCUMSTANCES, WHERE, WHEN?

☐

YES

☐

NO

43. HAVE YOU **EVER** BEEN IN ARREARS ON ANY DEBT AND/OR HAD ONE TURNED OVER TO A COLLECTION AGENCY?
IF YES, WHEN, WHY, THE FIRM(S) INVOLVED?

☐

YES

☐

NO

44. HAVE YOU **EVER** HAD PURCHASED GOODS REPOSSESSED? IF YES, WHEN, FIRMS INVOLVED, CIRCUMSTANCES.

☐

YES

☐

NO

45. HAVE YOUR WAGES **EVER** BEEN GARNISHED? IF YES, WHEN, WHERE, WHY, AND BY WHOM?

☐

YES

☐

NO

46. HAVE YOU **EVER** BEEN DELINQUENT ON INCOME OR OTHER TAX PAYMENTS? IF YES, WHERE AND WHY?

☐

YES

☐

NO

FINANCIAL (continued)

47. THE CHARACTER OF POLICE OFFICERS TODAY IS CONTINUALLY BEING CHALLENGED. BECAUSE PUBLIC SCRUTINY IS PARTICULARLY INTENSE FOR UNIFORMED PERSONNEL, APPLICANTS SEEKING EMPLOYMENT WITH THE WASHINGTON STATE PATROL AS TROOPER CADETS MUST POSSESS EXEMPLARY BACKGROUND AND PERSONAL HISTORY. THE MANAGEMENT OF PERSONAL FINANCES IS RELEVANT TO AN APPLICANT'S QUALIFICATIONS. THE AMOUNT OF INDEBTEDNESS IN ITSELF WILL NOT BE USED IN EVALUATING YOUR QUALIFICATIONS, BUT THE BEHAVIOR EXHIBITED IN MEETING YOUR FINANCIAL OBLIGATIONS WILL.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES	
MONTHLY SALARY	\$	REAL ESTATE (mortgage) PAYMENTS.....	\$
SPOUSE'S SALARY	\$	RENT	\$
OTHER MONTHLY INCOME—DESCRIBE:		OTHER MONTHLY PAYMENTS—DESCRIBE:	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
		ESTIMATED MONTHLY COST OF LIVING (utilities, food, gasoline, home and car maintenance, entertainment, etc.) AND ANY OTHER OBLIGATIONS.....	
TOTAL MONTHLY INCOME	\$	TOTAL MONTHLY EXPENDITURES	\$

CURRENT ASSETS		CURRENT LIABILITIES	
SAVINGS	\$	REAL ESTATE INDEBTEDNESS.....	\$
CHECKING	\$	LONG-TERM LOANS	\$
REAL ESTATE	\$	CHARGE ACCOUNTS.....	\$
STOCKS AND BONDS	\$	OTHER LIABILITIES:	
LIFE INSURANCE (cash value of whole life policy)	\$		
AUTOS.....	\$		\$
OTHER ASSETS:	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

48. FINANCIAL LIABILITY. LIST ALL FINANCIAL LIABILITIES, INCLUDING CONTRACTS, HOME MORTGAGE, ALIMONY OR CHILD SUPPORT, MEDICAL, OPEN CHARGE ACCOUNTS AND CREDIT CARDS, INVOLVING YOU AND/OR YOUR SPOUSE. PRIOR CREDIT OR CLOSED ACCOUNTS SHALL BE LISTED. YOU MUST LIST ALL CURRENT AND PRIOR DEBTS.

NAME OF CREDITOR/COMPLETE ADDRESS (list additional creditors on a separate sheet of paper)	ACCOUNT NUMBER	MONTH/YEAR INCURRED	MONTHLY PAYMENT	PRESENT BALANCE OWED
NAME: ADDRESS: TELEPHONE NO.:			\$	\$
NAME: ADDRESS: TELEPHONE NO.:			\$	\$
NAME: ADDRESS: TELEPHONE NO.:			\$	\$
NAME: ADDRESS: TELEPHONE NO.:			\$	\$
NAME: ADDRESS: TELEPHONE NO.:			\$	\$

FINANCIAL (continued)

NAME OF CREDITOR/COMPLETE ADDRESS (list additional creditors on a separate sheet of paper)	ACCOUNT NUMBER	MONTH/YEAR INCURRED	MONTHLY PAYMENT	PRESENT BALANCE OWED
NAME: ADDRESS: TELEPHONE NO.:			\$	\$
NAME: ADDRESS: TELEPHONE NO.:			\$	\$
NAME: ADDRESS: TELEPHONE NO.:			\$	\$
NAME: ADDRESS: TELEPHONE NO.:			\$	\$
NAME: ADDRESS: TELEPHONE NO.:			\$	\$
NAME: ADDRESS: TELEPHONE NO.:			\$	\$
NAME: ADDRESS: TELEPHONE NO.:			\$	\$

GENERAL – ALL APPLICANTS*(if more space is required, attach as many sheets of 8-1/2" x 11" white paper as may be required)*

	YES	NO
49. ARE YOU WILLING TO SERVE ANYWHERE IN THE STATE OF WASHINGTON EVEN IF IT NECESSITATES CHANGING YOUR RESIDENCE?		
50. ARE YOU WILLING TO WORK LONG HOURS EVEN THOUGH YOUR NORMAL TOUR OF DUTY MAY NOT BE MORE THAN EIGHT HOURS?		
51. ARE YOU WILLING TO WORK ALONE WITHOUT READILY AVAILABLE ASSISTANCE FROM OTHER LAW ENFORCEMENT OFFICERS?		
52. DO YOU ADVOCATE OR ARE YOU A MEMBER OF ANY PARTY OR ORGANIZATION, POLITICAL OR OTHERWISE, THAT ADVOCATES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES OR THE STATE OF WASHINGTON BY FORCE OR VIOLENCE OR OTHER UNLAWFUL MEANS? IF YES, GIVE THE NAME OF ORGANIZATION OR PARTY OF WHICH YOU ARE A MEMBER IN THE REMARKS SECTION.		
53. HAVE YOU EVER BEEN A MEMBER OF ANY PARTY OR ORGANIZATION, POLITICAL OR OTHERWISE, THAT ADVOCATES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES OR THE STATE OF WASHINGTON BY FORCE OR VIOLENCE OR OTHER UNLAWFUL MEANS? IF YES, GIVE THE NAME OF ORGANIZATION OR PARTY OF WHICH YOU WERE A MEMBER IN THE REMARKS SECTION.		
54. HAVE YOU EVER REFUSED TO TAKE AN OATH TO SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE CONSTITUTION OF THE STATE OF WASHINGTON? IF YES, EXPLAIN IN THE REMARKS SECTION.		
55. ARE YOU WILLING TO TAKE AN OATH TO SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE CONSTITUTION OF THE STATE OF WASHINGTON?		

REMARKS:

DO YOU HAVE ANY KNOWLEDGE OR INFORMATION, IN ADDITION TO THAT SPECIFICALLY CALLED FOR IN

THE PRECEDING QUESTIONS, WHICH IS OR WHICH MAY BE RELEVANT, DIRECTLY OR INDIRECTLY, IN CONNECTION WITH AN INVESTIGATION OR YOUR ELIGIBILITY OR FITNESS FOR THE POSITION WHICH YOU ARE SEEKING; INCLUDING, BUT NOT LIMITED TO, KNOWLEDGE OR INFORMATION CONCERNING YOUR CHARACTER, HABITS, EMPLOYMENT, EDUCATION, SUBVERSIVE ACTIVITIES, FAMILY, ASSOCIATIONS, CRIMINAL RECORD, TRAFFIC VIOLATIONS, RESIDENCE, OR OTHERWISE?

YES OR NO _____

IF YES, GIVE DETAILS

CERTIFICATE OF APPLICANT. Read Carefully Before Signing.

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE, AND I AGREE AND UNDERSTAND THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS HEREIN WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO ANY EMPLOYMENT WITH THE WASHINGTON STATE PATROL. I UNDERSTAND THAT THE INFORMATION OBTAINED DURING THIS PROCESS WILL NOT BE RELEASED TO ME. THIS FORM IS THE PROPERTY OF THE WASHINGTON STATE PATROL.

SIGNATURE _____

DATE _____

WASHINGTON STATE PATROL

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION*

I authorize you to furnish the Washington State Patrol (WSP) with any and all information you may have concerning my application with your Agency: my work records; my reputation; my medical records; my psychological testing analysis and recommendation; my military service records; my responses to any pre-polygraph questions; polygraph testing and/or analysis; and my financial status. Information of a confidential or privileged nature shall also be included in this request. Your reply will be used to assist the WSP in determining my qualifications for the position I am seeking with the department. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive these rights with the understanding that the information furnished will be used by other law enforcement agencies in conjunction with employment procedures.

To be completed by the applicant:

For and in consideration of being permitted to apply for a position with the WSP,

I, _____, for myself, my heirs, assigns, or other successors in interest do hereby release and forever discharge the WSP, the state of Washington, its officers, agents, employees, agencies, and departments from any and all liability for all existing and future claims, damages, and causes of action of any nature whatsoever which I may have or which may inure to me as a result of the acts or omissions of the WSP based upon this employment process and the information requested. I also understand that should information of a serious nature arise during the pre-employment process, such information may be turned over to the proper authorities.

(Print Name) First Middle Last

(other names you have been known by, including prior marriage or nickname)

Address City State Zip Code

Social Security Number Date of Birth

Signature Date

**A photocopy of this information shall be as valid as the original.*

WASHINGTON STATE PATROL

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION*

I authorize the Washington State Patrol (WSP) to furnish any and all information they may have concerning my application with the WSP: my work records; my reputation; my medical records; my psychological testing analysis and recommendation; my military service records; my responses to any pre-polygraph questions; polygraph testing and/or analysis; and my financial status to other law enforcement agencies where I may or have applied for employment. Information of a confidential or privileged nature shall also be included in this response by the WSP. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive these rights with the understanding that the information furnished will be used by other law enforcement agencies in conjunction with employment procedures.

To be completed by the applicant:

For and in consideration of being permitted to apply for a position with the WSP,

I, _____, for myself, my heirs, assigns, or other successors in interest do hereby release and forever discharge the WSP, the state of Washington, its officers, agents, employees, agencies, and departments from any and all liability for all existing and future claims, damages, and causes of action of any nature whatsoever which I may have or which may inure to me as a result of the acts or omissions of the WSP based upon this employment process and the information requested. I also understand that should information of a serious nature arise during the pre-employment process, such information may be turned over to the proper authorities.

(Print Name)	First	Middle	Last
--------------	-------	--------	------

(other names you have been known by, including prior marriage or nickname)

Address	City	State	Zip Code
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Social Security Number	Date of Birth
------------------------	---------------

Signature	Date
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**A photocopy of this information shall be as valid as the original.*

A WORD ABOUT THE POLYGRAPH EXAMINATION

Many people facing the prospect of taking a polygraph examination are filled with apprehension and uncertainty about the questions to be asked during this examination. In an effort to lessen any anxiety you may be experiencing concerning this test, allow us to explain what is involved in the particular examination.

The Washington State Patrol is comprised of a highly trained and trusted group of employees. During the course of their employment, they routinely come in contact with information both of a very confidential nature and with cases and evidence which could place them in a potentially compromising position.

Our department's pre-employment background investigation process is designed to assist us in the hiring of prospective department members who will adhere to and uphold all laws and serve the public in an ethical, courteous, impartial, and professional manner while respecting the rights and dignity of all persons. As a law enforcement agency, the Washington State Patrol strives to maintain officer safety and provide a safe, confidential working environment for all employees.

The polygraph examination has been an effective tool to assist our agency in the screening of prospective employment candidates. The examination, comprised of 15 questions, is used as an aid in verifying the responses given to an 80-question pretest questionnaire concerning the following issues: Driving; Employment History; Military Service; Education; Possession of Drugs; Sex Crimes; and Honesty. In no way are these questions intended to embarrass the prospective employee or go into areas not directly relevant to employment with the Washington State Patrol.

Prior to the administration of the polygraph, a review will be made with you of the specific questions to be asked. At the conclusion of the examination, the results will be reviewed with you, and you will be provided an opportunity to explain any answers which indicate a deceptive response.

It is also very important that you arrive for your polygraph exam in good health. If you are scheduled for a polygraph exam and not in good health, please call the Human Resource Division at 1-800-888-8384 to reschedule your appointment.

We are attempting to identify those individuals who possess those qualities which will most likely ensure their success with our agency.